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95814

(3) MILEAGE RATE CLAIMED

[illegible]

\$477.61

PAID BY REVOLVING FUND CHECK NUMBER



DATE _____

CLAIMANT'S NAME LUCINDA EHNES			SSN or EMPLOYEE NUMBER*		DEPARTMENT DMHC		
POSITION DIRECTOR		CB/ID No. NON	DIVISION or BUREAU DIRECTOR'S OFFICE			INDEX NUMBER 1000	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 980 9TH STREET, SUITE 500			TELEPHONE NUMBER	
CITY CA		STATE CA	ZIP CODE 95628	CITY SACRAMENTO		STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS						(2) PRIVATE VEHICLE LICENSE NUMBER				(3) MILEAGE RATE CLAIMED				
(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
06/09														
6-15	1319	Sac to SF							SC	4.00		0.00	4.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00		4.00	0.00	0.00	4.00	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL	\$4.00
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 6-15 - Attended a Right Care Initiative Meeting in Berkeley - bridge toll	<div>AGENCY ACCOUNTING OFFICE USE ONLY</div> <div>PAID BY REVOLVING FUND CHECK NUMBER</div>
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(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.	
CLAIMANT'S SIGNATURE 	DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)	DATE

CLAIMANT'S NAME			SSN or EMPLOYEE NUMBER*		DEPARTMENT	
POSITION		CB/ID No.	DIVISION or BUREAU			INDEX NUMBER
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	

[illegible]

CLAIM TOTAL	
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(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)	AGENCY ACCOUNTING OFFICE USE ONLY
	PAID BY REVOLVING FUND CHECK NUMBER

<p>(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.</p>			
CLAIMANT'S SIGNATURE		DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE
			
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)			DATE
			

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95814

(3) MILEAGE RATE CLAIMED

\$257.86

Please note : The Director parks in short-term parking, as a reasonable accommodation

DATE _____